·			ت ، ، ت	va						<u>.</u>				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	0.5	OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS										- 	_			
FOR			NUMBI	ER FILED	NUMBER EXTRA		4	BASIC FE	FEE 370.00	\exists	RATE			
TOTAL CHARGEABLE CLAIMS				+	ninus 20=	*		1		\$70.00	1 OF	BASIC FI		
NDERENDENT CLAIMS					minus 3 =	*			X\$ 9=		OF	X\$18=	-	
MULTIPLE DEPENDENT CLAIM PR				!!!!!us 5 =			1	X42=	<u> </u>	OR	X84=			
1			•	','	s than zero, enter "0" in column 2			J	+140=	ĺ	OR	+280=		
ii the							column 2	15	TOTAL	1	OR	TOTAL	 	
	•			AMENDE	ENDED - PART II							OTHER THAN		
			olumn 1) CLAIMS	_	(Colum HIGH		(Column 3	4	SMALL	ENTITY	OR	SMALL	ENTITY	
Total		. /	MAINING AFTER NOMENT		NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Tota	·	* (8 Minus ** 2		** 20	0 =			X\$ 9=		OR	X\$18≍			
Inde	pendent	*	8	Minus	*** S		= 3	11	X42=	7	OR	X84=	252	
Trine	TES	ENTATI	ON OF M	ULTIPLE DI	PENDENT	CLAIM	سلط	1	+140=	·		+280=		
								· L	TOTAL		OR	-	7-2	
C		(Co	lumn 1)		(Colum	n (1)	(Calumn a)	Al	ODIT. FEE	<u> </u>	IOH.	IOTAL DDIT. FEE	252	
		C	AIMS		HIGHE	ST	(Column 3)	ı		ADDI		·		
		· A	MAINING FTER NOMENT		PREVIOU PAID FO	ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
Total Indep		* 1	8	Minus	34			-	X\$ 9=		OR	X\$18=	FEE	
	endent	*	8	Minus	*** >	•	= .	-	X42=		\	X84=_		
FIRS	PRESE	NTATIC	ON OF MU	ILTIPLE DE	PENDENT C	LAIM		-			OR		—	
									140=		OR	+280=		
T								AD	DIT FEE L		OR A	TOTAL DDIT. FEE		
			umn 1) AIMS		(Column HIGHES		Column 3)	<u>. · · </u>				٠.		
		REM/	AINING TER DMENT		NUMBEI PREVIOUS PAID FO	R	PRESENT EXTRA	ŀ		ADDI- IONAL FEE		RATE	ADDI- TIONAL	
Total	·	* 2	5	Minus	#34		- O	1,	(\$ 9=			X\$18=	FEE	
Indepe		*-		Minus	*** 8		= ()	-	(42=		~	$\overline{}$		
FIRST	PRESE	OITATIO	N OF MU	LTIPLE DEP	ENDENT C	.AIM		H	.72-	C	OR _	X84=	\rightarrow	
the entr	v in colum	ın 1 İe le	ss fhán tha	entry in order	nn 9 umba 60#	in set	nn 9		140=	c	R	+280=		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								TOTAL IT. FEE	0	RAD	TOTAL DIT. FEE			
The "High	hest Numb	er Previ	viously Pak ously Paid	ror in THIS For" (Total or	SPACE is les independent)	s than (is the hi	3, enter "3." ghest number i			priate box in				
					•		-					••		

D

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Eff ctive October 1, 2000

35.92715

CLAIMS AS FILED - PART I (Column 1)						mn 2)		SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY				
TOTAL CLAIMS						RA	RATE FEE			RATE	FEE				
FOR NUMBER FILED					NUMB	ER EXTRA	BASIC	FEE	355.00	OR	BASIC FEE	710	.00		
TOTAL CHARGEABLE CLAIMS 3 4 minus 20=					•	14	X\$	9=		OR	X\$18=	25	-2		
INDEPENDENT CLAIMS 5 minus 3 =							X4)=)		OR	X80=	16	,0		
MULTIPLE DEPENDENT CLAIM PRESENT								5=		OR	+270=				
* If the difference in column 1 is less than zero, enter "0" in column 2								AL		OR	TOTAL	114	22		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY							
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA ⁻	ΓE	ADDI- TIONAL FEE		RATE	AD TIO	NAL		
AMENDMENT	Total 🔭 📆	.34	Minus	3	4	=	X\$	9=		OR	X\$18=		ſ		
	Independent	• 5	Minus	PENDENI	S .	=	X40)=	,	OR	X80=				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+13	5=	•	OR	+270=				
								TAL		OR	TOTAL	+			
(Column 1) (Column 2) (Column 3)								FEE		· · · ·	ADDIT. FEE				
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	AD TIOI FE	NAL		
	Total		Minus	**	,	=	X\$:	9=		OR	X\$18=		ļ		
	Independent	*	Minus	***		=	X40)=		OR	X80=				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+13	5=		OR	+270=				
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		· ·		24 <u>2</u> 4	TO ADDIT.	TAL FFF			TOTAL ADDIT. FEE				
		(Column:1)		(Colur		(Column 3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	TIO	DI- NAL EE		
	T⊡tal	•	Minus	**		=	X\$:	9=		OR	X\$18=	,			
AME	Independent		Minus	***		=	X40)=		OR	X80=				
L	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDEN	CLAIM										
	f the entry in colu	mn 1 is less than th	ne ntrvin col	umn 2. write	9 "O" in co	lumn 3.	+13			OR	+270=		_,_		
** If the entry in column 1 is less than the intry in column 2, write "o" in column 3. ** If the "Highest Numb r Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "High st Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.															